

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Chandran R. Sabanayagam

Application No.:

09/886,779

Group No.:

1634

Filed:

06/21/2001

Examiner:

LU, Frank Wei Min

For:

NUCLEIC ACID ARRAYS AND METHODS OF SYNTHESIS

MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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- 1. Express Mail Certificate ET868722414US (1 pg.);
- 2. Request for Continued Examination Transmittal (duplicate page 1) (3 pp.);
- 3. Fee Transmittal (1 pg.):
- 4. Petition for Extension of Time in duplicate (2 pp.);
- 5. Amendment Pursuant to C.F.R. 1.116, including Appendix (10 pp.);
- 6. Check in the amount of \$905.00; and
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|      | Effective on 12/08/2004. |          |            |       |       |      |         |      |        |      |       |
|------|--------------------------|----------|------------|-------|-------|------|---------|------|--------|------|-------|
| Fees | pursuar                  | it to th | e Consolid | dated | Appro | pria | tions . | Act, | 2005 ( | H.R. | 4818) |
|      |                          |          |            |       |       |      |         |      |        |      |       |

## FEE TRANSMITTAL For FY 2005

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 905.00 (\$)

| Complete if Known    |                         |  |  |  |  |
|----------------------|-------------------------|--|--|--|--|
| Application Number   | 09/886,779              |  |  |  |  |
| Filing Date          | June 21, 2001           |  |  |  |  |
| First Named Inventor | Chandran R. Sabanayagam |  |  |  |  |
| Examiner Name        | LU, Frank Wei Min       |  |  |  |  |
| Art Unit             | 1634                    |  |  |  |  |
| Attorney Docket No.  | 701586-50113-C-RCE2     |  |  |  |  |

| METHOD OF PAYMENT (check all that apply)  |   |                     |                  |                        |                  |                           |                  |             |  |  |
|---|---|---------------------|------------------|------------------------|------------------|---------------------------|------------------|-------------|--|--|
| X Check Credit Card Money Order None Other (please identify):   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| <b>—</b> ·  | X   Deposit Account   Deposit Account Number:   50-0850   Deposit Account Name:   Nixon Peabody LLP    For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |                     |                  |                        |                  |                           |                  |             |  |  |
| For the above-ide   | ntiriea aeposit a   | account, the Dire   | ector is nereby  | y authorized t         | o: (cneck all th | at apply)                 |                  |             |  |  |
| Charge fee  | (s) indicated be  | low                 |                  | Char                   | ge fee(s) indic  | ated below, <b>exce</b> p | ot for the fil   | ing fee     |  |  |
| X Charge any  | additional fee  | s) or underpayr     | ments of fee(s   | ) X Cred               | lit any overpay  | ments                     |                  |             |  |  |
| WARNING: Information on t   |   | come public. Cre    | edit card inform | nation should          | not be included  | on this form. Provi       | ide credit car   | rd          |  |  |
| information and authorization   | on on PTO-2038.   |                     |                  |                        |                  |                           |                  | i           |  |  |
| FEE CALCULATION   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| 1. BASIC FILING, SEA  |   |                     |                  |                        |                  |                           |                  |             |  |  |
|   | FILING I  | ーヒとら<br>mall Entity | SEARCH           | H FEES<br>Small Entity |                  | TION FEES<br>mall Entity  |                  |             |  |  |
| Application Type  | Fee (\$)  | Fee (\$)            | Fee (\$)         | Fee (\$)               | Fee (\$)         | Fee (\$)                  | Fees Pai         | id (\$)     |  |  |
| Utility   | 300   | 150                 | 500              | 250                    | 200              | 100                       |                  |             |  |  |
| Design  | 200   | 100                 | 100              | 50                     | 130              | 65                        |                  |             |  |  |
| Plant   | 200   | 100                 | 300              | 150                    | 160              | 80                        |                  |             |  |  |
| Reissue   | 300   | 150                 | 500              | 250                    | 600              | 300                       |                  |             |  |  |
| Provisional   | 200   | 100                 | 0                | 0                      | 0                | 0                         |                  |             |  |  |
| 2. EXCESS CLAIM FI  | EES   |                     |                  |                        |                  |                           |                  | mall Entity |  |  |
| Fee Description   | c   |                     | 20 1             |                        |                  |                           | Fee (\$) -<br>50 | Fee (\$)    |  |  |
| Each claim over 20 or,<br>Each independent claim  |   |                     |                  |                        |                  |                           |                  | 25<br>100   |  |  |
| Multiple dependent cla  |   | or Reissues, ea     | acii ilidepelie  | icht Claim n           | iore man m t     | ne original pate          | 360              | 180         |  |  |
| Total Claims  | Extra Claim   | <u>Fee (\$)</u>     | Fee Pai          | id (\$)                | Multiple D       | ependent Claims           |                  |             |  |  |
| 20 or HP =  |   | х                   | _=               |                        | <u>Fee (\$)</u>  | <u>Fee Paic</u>           | 1 (\$)           |             |  |  |
| HP = highest number of tot<br>Indep. Claims   | al claims paid for<br>Extra Claim:  | •                   | )<br>Fee Pai     | d (\$)                 |                  |                           |                  |             |  |  |
| 3 or HP =   |   | _×                  | _=               | <del>- 141</del>       |                  |                           |                  |             |  |  |
| HP = highest number of independent claims paid for, if greater than 3   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| 3. APPLICATION SIZE FEE   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |                     |                  |                        |                  |                           |                  |             |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| - 100 = /50 = (round up to a whole number) x 125.00 = 0,00  |   |                     |                  |                        |                  |                           |                  |             |  |  |
| 4. OTHER FEE(S) Fees Paid (5)   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                     |                  |                        |                  |                           |                  |             |  |  |
| Other: Ext. w/in 3  | rd month \$5  | 10.00 /RCE          | Filing Fee       | \$395.00               |                  |                           |                  | 905.00      |  |  |
|   |   |                     |                  |                        |                  |                           |                  |             |  |  |

| SUBMITTED BY      |                 |                         |                                      |               |          |                  |
|-------------------|-----------------|-------------------------|--------------------------------------|---------------|----------|------------------|
| Signature         | Rosall          | + Eesens I              | Registration No.<br>(Attorney/Agent) | 30,628/47,150 | Telephon | e 617-345-6054   |
| Name (Print/Type) | Ronald I. Eisen | stein/Nicole L.M. Valtz | Z                                    |               | Date     | January 14, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.